Item 14 Film 1137 1/9/52 whw

10507

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 268

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Westover
LENGTH OF STAY (in this place) 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Westover

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) A. (Last) Abbott

4. DATE OF DEATH: (Month) Dec. (Day) 29 (Year) 1951

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

9. AGE last birthday: 75 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hoppers Island

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Frank A. Abbott

14. MOTHER'S MAIDEN NAME: Emma Laird

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Frankie W. Abbott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Heartattack
DUE TO (c) Pain under Left shoulder
Not Given

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

(CITY OR TOWN) William H. Coulbourn (COUNTY) DEPUTY MEDICAL EXAMINER (STATE) FOR SOMERSET COUNTY, MD.

TIME (Month) (Day) (Year) (Hour) OF INJURY Dec 29 AM

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on Dead When I arrived and that death occurred ..... m., from the causes and on the date stated above.

SIGNATURE William H. Coulbourn (DEGREE OR TITLE) M.D. ADDRESS Crisfield Md DATE SIGNED 12/29/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Dec 31 1951 — NAME OF CEMETERY OR CREMATORY St Paul Cemetery — LOCATION (City, town, or county) Deal Island (State) Md.

DATE REC'D BY LOCAL REG. 12/30/51 — REGISTRAR'S SIGNATURE Lola I Mosby

24. FUNERAL DIRECTOR James L. Thomas Funeral Home — ADDRESS Princess Anne Md.

910126

RECEIVED
JAN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

19598

Reg. Dist. No. 265

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield | LENGTH OF STAY (In this place) 62 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 207 S. Cove St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 207 S. Cove St.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) AUSTIN (Last) BARNES
4. DATE OF DEATH (Month) (Day) (Year): Dec. 5, 1951

5. SEX: male (Male) | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married | 8. DATE OF BIRTH: Oct. 26, 1866 | 9. AGE last birthday: 85 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sea Captain
10b. KIND OF BUSINESS OR INDUSTRY: Seafood Industry
11. BIRTHPLACE (State or foreign country): Accomac County, Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Barnes
14. MOTHER'S MAIDEN NAME: Mary Groton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. W. A. Barnes -- 207 S. Cove St. Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute dilatation heart	Thurs.
491X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 107	(b) bronchial pneumonia.	8 days.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1946, to Dec 5, 1951, that I last saw the deceased alive on Dec 4, 1951, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
C G Rawley M.D. Crisfield, Md.

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF: Dec. 7, 1951 | NAME OF CEMETERY OR CREMATORY: Sunnyridge Cemetery | LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REG.: 12-7-51 | REGISTRAR'S SIGNATURE: Betty W. Tyler | 24. FUNERAL DIRECTOR ADDRESS: H. Harvey Bradshaw, Crisfield

VS. A15

24-5M6

RECEIVED
DEC 12 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12529

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 269

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Somerset — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ewell
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ewell

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ewell
STREET ADDRESS (If rural, give location): Ewell

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Henry	Bedsworth	Dec	29	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Jan 6 1875	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Waterman	Catching Crabs & Oysters	Ewell Md	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William W. Bedsworth	Virginia Parks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Doris Bedsworth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) ~~Hypertension~~ Cerebro-vascular accident	3-6 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive-Cardiovascular disease	unknown
443X 93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from January 1, 1951, to 12/29, 1951, that I last saw the deceased alive on 12/29, 1951, and that death occurred at 1:05 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert Callicott	M.D.	Princess Anne	12/30/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 1 1952	Order of Maccabees Cemetery	Ewell	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 1-1952	Mrs S. Bennett	James L. Newman	Princess Anne Md.

9/0126

VS. A15

RECEIVED
JAN 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12530 261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mounsco
LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mounsco
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Stanley (Last) Bowyer

4. DATE OF DEATH: (Month) Dec (Day) 25 (Year) 1951

5. SEX: Mal

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): infant

8. DATE OF BIRTH: Dec 23-1951

9. AGE last birthday: yrs.
IF UNDER 1 YEAR: Months Days 3
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): c

10b. KIND OF BUSINESS OR INDUSTRY: c

11. BIRTHPLACE (State or foreign country): mounsco somerset co md usa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Beauchamp.

14. MOTHER'S MAIDEN NAME: Luvenia Bowyer.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Luvenia Bowyer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO Marasmus

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

772.0
158

William H. Coulbourn M.D.
FOR DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ..... M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Wm H. Coulbourn M.D. ADDRESS Crisfield Md DATE SIGNED 12/26/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Dec 26-1951

NAME OF CEMETERY OR CREMATORY Ebenezer

LOCATION (City, town, or county) (State) mounsco somerset co md

DATE REC'D BY LOCAL REG. 12/26/51

REGISTRAR'S SIGNATURE Betty Massey

24. FUNERAL DIRECTOR ADDRESS Charles Howard Marion sta, Md

4 c 3 2 2 - (5): 41436 7

RECEIVED
JAN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12531

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tyaskin neck
LENGTH OF STAY in this place 7 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tyaskin neck md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) James Collins Gottman

4. DATE OF DEATH: (Month) 12 (Day) 1 (Year) 1951

5. SEX: male | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: 4-29-51 | 9. AGE last birthday: yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Somerset County md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: James Bryant Jr.

14. MOTHER'S MAIDEN NAME: Dorthy Gottman Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Dorthy Gottman Collins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute virus pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk?

492X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO

108

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/30 19 51 to same 19, that I last saw the deceased alive on same 19, and that death occurred at 1 a.m., from the causes and on the date stated above.

SIGNATURE Robert Callcutt (DEGREE OR TITLE) M.D. ADDRESS 12/1/51 DATE SIGNED 12/1/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 12-2-51 | NAME OF CEMETERY OR CREMATORY Westover | LOCATION (City, town, or county) Westover (State) md

DATE REC'D BY LOCAL REG. 12/1/51 | REGISTRAR'S SIGNATURE R. H. Johnson, M.D. | 24. FUNERAL DIRECTOR William H James Jr ADDRESS Princess Anne, md

404-951 173403

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 5 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12532

CERTIFICATE OF DEATH

Reg. Dist. No. 262

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke; MARYLAND; LENGTH OF STAY (In this place) 42 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke; STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) VERNON (Middle) KERR (Last) COWGER

4. DATE OF DEATH: (Month) Dec (Day) 1, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: Feb 22, 1871

9. AGE last birthday: 80 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John S. Kerr

14. MOTHER'S MAIDEN NAME: Grace P. Kerr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None.

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Paul W. Cowger, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Gall Bladder & duct

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cholelithiasis

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) Year; (b) 4 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19 50 to Dec 1st 1951, that I last saw the deceased alive on Dec 1st 1951, and that death occurred at 10:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. Watson ADDRESS Pocomoke City Md DATE SIGNED Dec 2nd

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 12/4/51; NAME OF CEMETERY OR CREMATORY: Presbyterian Cemetery; LOCATION (City, town, or county) (State): Pocomoke, Md.

DATE REC'D BY LOCAL REG.: Dec 4, 51; REGISTRAR'S SIGNATURE: Mrs. Estelle Bozman

24. FUNERAL DIRECTOR: Dennis & Watson, Pocomoke, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 75 Richardson Ave.

3. NAME OF DECEASED (Type or Print) (First) ALONZO (Middle) CHARLES (Last) DAVIS

4. DATE OF DEATH (Month) (Day) (Year) Dec. 13, 1951

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Aug. 17, 1871

9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY For Himself

11. BIRTHPLACE (State or foreign country) Pocomoke, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Davis

14. MOTHER'S MAIDEN NAME Mary Elizabeth Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Ben Cox--75 Richardson Ave.

18. MEDICAL CERTIFICATION Crisfield, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) acute Dil. of heart - Uremia - Coma	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis Chronic Int. Nephritis	Years
	(c) Strangulated Hernia	4 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 12/13/51

19b. MAJOR FINDINGS OF OPERATION Strangulated Hernia

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from at intervals, 1948, to Dec 13, 1951, that I last saw the deceased alive on Dec. 13, 1951, and that death occurred at 11:00a.m., from the causes and on the date stated above.

SIGNATURE Lenroy C Culbreth M D (Degree or title) ADDRESS Marion - Md DATE SIGNED 12/15/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Dec. 16, 1951

NAME OF CEMETERY OR CREMATORY Private family cemetery

LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REG. 12/15/51

REGISTRAR'S SIGNATURE Betty Bradley (Betty Lee)

24. FUNERAL DIRECTOR H. Harvey Bradshaw, Crisfield ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

12534

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 760

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Ave.
STREET ADDRESS (If rural, give location) Hampton Av.

3. NAME OF DECEASED (Type or Print): (First) Isaac (Middle) Henry (Last) Fontaine
4. DATE OF DEATH: (Month) December (Day) 1 (Year) 1951.

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 16 1890
9. AGE last birthday: 61 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shifter
10b. KIND OF BUSINESS OR INDUSTRY: Rail-road.
11. BIRTHPLACE (State or foreign country): Jamestown Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Fontaine
14. MOTHER'S MAIDEN NAME: Cornelia Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Florena Fontaine Hampton Av. Princess Anne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Pancreas — Interval between onset and death: 8 Years

157X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46g (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept 5 51
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Pancreas
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 5th, 1951, to Dec 1, 1951, that I last saw the deceased alive on Dec 1, 1951, and that death occurred at 9:55 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Edgar G. Marksman Princess Anne Md. 12.4.51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec 8, 1951
NAME OF CEMETERY OR CREMATORY: House of Jacob Cemetery
LOCATION (City, town, or county) (State): Chance, Maryland

DATE REC'D BY LOCAL REG.: 12/6/51
REGISTRAR'S SIGNATURE: L. F. Johnson, M.D.
24. FUNERAL DIRECTOR: J. Edgar Thomas ADDRESS: Accomac, Va.

Jd. 1890

U.S. Patent

MARYLAND STATE DEPARTMENT OF HEALTH

12535

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion — LENGTH OF STAY (In this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS Beahs Nursing Home — MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Fairmount — STREET ADDRESS (If rural give location) Marion

3. NAME OF DECEASED (Type or Print): (First) Gertrude — (Middle) — (Last) Ford

4. DATE OF DEATH: (Month) Dec (Day) 14 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Feb 9 1869

9. AGE last birthday: 82 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm J. Ford

14. MOTHER'S MAIDEN NAME: Harriet E. Muir

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Melissa Ford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 3 days

592X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis — Years

131a (c) Chronic Duct nephritis myocarditis — Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile arteriosclerosis — Years

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED White at Work ☐ Not White At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10, 1951, to Dec 14, 1951, that I last saw the deceased alive on Dec 14, 1951, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE: Irvine L Gentzmon — (Degree or title) M D — ADDRESS: Marion Md — DATE SIGNED: Dec 15, 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Dec 16/1951 — NAME OF CEMETERY OR CREMATORY: Mars Cemetery — LOCATION (City, town, or county) (State): Upper Fairmount Md

DATE REC'D BY LOCAL REG.: December 15/51 — REGISTRAR'S SIGNATURE: Betty Massey

24. FUNERAL DIRECTOR: Harry B Miles, Upper Fairmount — ADDRESS

VS. A15

DEC 20 1951
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Chance
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chance
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Bell (Last) Jones

4. DATE OF DEATH: (Month) Dec. (Day) 18, (Year) 1951.

5. SEX: Fe.

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.

8. DATE OF BIRTH: Mar. 20, 1884

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months 8 Days 28 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seafood

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Chance

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Jones

14. MOTHER'S MAIDEN NAME: Louise Jones (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no.

16. SOCIAL SECURITY No.: 214-32-1496

17. INFORMANT & ADDRESS: Menola Wilson, Chance, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Haemorrhage	4 hours
221X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last 83a	DUE TO (b)	Hypertension	2 years
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 31, 1951, to Dec. 18th, 1951, that I last saw the deceased alive on Dec. 16th, 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Edson G. Mackeman, M.D. ADDRESS Princess Anne Md. DATE SIGNED 12-20-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Dec. 23, 1951 NAME OF CEMETERY OR CREMATORY St. Charles

LOCATION (City, town, or county) (State) Chance - Somerset Co. Md.

DATE REC'D BY LOCAL REG. 12/21/51

REGISTRAR'S SIGNATURE R. T. Johnson, M.D. S.H.O.

24. FUNERAL DIRECTOR Charles H. Hard ADDRESS Marion Sta., Md.

VW 126

MARYLAND STATE DEPARTMENT OF HEALTH

12537

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chance | LENGTH OF STAY (in this place) 7 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chance
STREET ADDRESS (If rural, give location) Near Methodist Church

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) E. (Last) JONES
4. DATE OF DEATH (Month) (Day) (Year): Dec 9, 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Nov 26 1865
9. AGE last birthday: 86 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William Warrington
14. MOTHER'S MAIDEN NAME: Sallie Melson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Pauline J. Mills, Chance, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Metastasis in lungs.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cancer of breast.

170X

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from June, 1951, to Dec 9, 1951, that I last saw the deceased alive on Dec 7, 1951, and that death occurred at 11 45 m., from the causes and on the date stated above.

SIGNATURE: Elbert J. Dean (Degree or title) MD ADDRESS 203 W. Church St. Salisbury DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12/12/51 | NAME OF CEMETERY OR CREMATORY: Jones Cemetery | LOCATION (City, town, or county) (State): Gumboro, Delaware

DATE REC'D BY LOCAL REG. 12/10/51 | REGISTRAR'S SIGNATURE: K. H. Johnson, M.D. | 24. FUNERAL DIRECTOR: Henry H. Watson, Pocomoke, Md. | ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Princessanne
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princessanne
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) H (Last) King

4. DATE OF DEATH: (Month) Dec (Day) 24 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Feb 22 1890

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months 10 Days 2 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nursery

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Princess Anne Somerset Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Levin King

14. MOTHER'S MAIDEN NAME: Cinderella Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia

492 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b)

DUE TO (c) He was found Dead

109

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR

William H. Coulbourn, M.D.
DEPUTY MEDICAL EXAMINER
SOMERSET COUNTY, MD.

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE W H Coulbourn M D (DEGREE OR TITLE) Crisfield Md ADDRESS DATE SIGNED Jan 25 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Dec 28-51

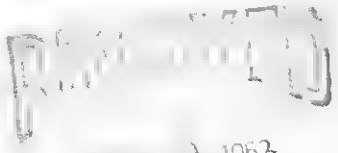
NAME OF CEMETERY OR CREMATORY Wesley

LOCATION (City, town, or county) (State) Princess Anne Somerset Md

DATE REC'D BY LOCAL REG. 1/28/52

REGISTRAR'S SIGNATURE R. L. Johnson, M.D.

24. FUNERAL DIRECTOR ADDRESS Charles H Ward Marion Md



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY Somerset — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne

LENGTH OF STAY (in this place): 30 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: At Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Somerset

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Kathleen	Ford	Le Cates	Dec. 10 1951

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS: Hours / Min.
Female	White	Wid	Aug. 4, 1891	60 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Nurse	None	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George H. Ford	Carrie Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	np	Mr Franklin LeCates Princess Anne, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	one day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Angina -	5 yrs.
	(c) DUE TO Hypertension	unk.

420.1 94a

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/16/45, to 12/10/51, that I last saw the deceased alive on 12/10/51, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Lucr. B. Whaley M.D. Princess Anne, Md 12/12/51

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	Dec. 12, 1951	Cox Cemetery	Fairmount, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/12/51	R.E. Johnson, M.D.	Levin R. Wilson	Princess Anne, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26.5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Somerset MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; LENGTH OF STAY (in this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; STREET ADDRESS (If rural, give location) 272 Somerset Ave.

3. NAME OF DECEASED (Type or Print): (First) LOTTIE (Middle) S. (Last) LEWIS

4. DATE OF DEATH (Month) (Day) (Year): Dec. 10, 1951

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 23, 1888

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Colonial Beach, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Pestridge

14. MOTHER'S MAIDEN NAME: Fannie Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): (no)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Nelson Carey -- 272 Somerset Ave. Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute dilitation Heart — Interval Between Onset and Death: 2 days.

434.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Bronchial pneumonia or

107 (c) Terminal pneumonia — 2 days.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 27, 1951, to Dec 10, 1951, that I last saw the deceased alive on Dec 10, 1951, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED: C S Rawley M.D. Crisfield Md.

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE THEREOF: Dec. 12, 1951

NAME OF CEMETERY OR CREMATORY: Crisfield Cemetery

LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REG.: 12/11/51

REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS: W. Tawney Bradshaw Crisfield Md.

12541

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A13

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CARRIE (Middle) W. (Last) MATTHEWS

4. DATE OF DEATH: (Month) Dec. (Day) 5, (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Mar. 23, 1883

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Marion Station, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Matthews

14. MOTHER'S MAIDEN NAME: Crystal Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Weldon J. Matthews--Marion Station, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart Dis of Hrt — Interval Between Onset and Death: 4 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Hemorrhage — 20 hrs

4/22.1 93d (c) General Arteriosclerosis Hypertension — Many years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cystic Thyroid

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 4, 1951, to Dec 5, 1951, that I last saw the deceased alive on Dec 5, 1951, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE: Percy C Coulbourn M D (Degree or title) ADDRESS: Marion Sta Md DATE SIGNED: 12/7/51

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: Dec. 8, 1951
NAME OF CEMETERY OR CREMATORY: St. Paul's Cemetery
LOCATION (City, town, or county) (State): Marion Station, Md.

DATE REC'D BY LOCAL REG.: 12/7/51
REGISTRAR'S SIGNATURE: Betty Massey
24. FUNERAL DIRECTOR: H. Harvey Bradshaw, Crisfield, Md. ADDRESS

ra

RECEIVED
DEC. 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

VS. A15.

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural, give location): 127 Richardson Ave.

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) M. (Last) MEARS
4. DATE OF DEATH (Month) (Day) (Year): Dec. 6, 1951
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Apr. 8, 1898
9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer-Sewing
10b. KIND OF BUSINESS OR INDUSTRY: Garment Industry
11. BIRTHPLACE (State or foreign country): Accomac County, Va.
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: Pervis E. Bloxom
14. MOTHER'S MAIDEN NAME: Emma L. Parker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: LaBelle Mears-- 127 Richardson Ave. Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 4 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertension — 1 yr (Est)
(c) Pyelonephritis — 6 yrs ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Kidney stones (removed) — 10 - ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 5, 1951, to Dec. 6, 1951, that I last saw the deceased alive on Dec. 6, 1951, and that death occurred at 12:20 a.m., from the causes and on the date stated above.

SIGNATURE: Sarah M. Payton (Degree or title) M.D. ADDRESS: Crisfield, Md. DATE SIGNED: Dec. 7, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: Dec. 8, 1951
NAME OF CEMETERY OR CREMATORY: Sunnridge Cemetery
LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REG.: 12-8-51
REGISTRAR'S SIGNATURE: Betty W. Tyler
24. FUNERAL DIRECTOR: J. Harvey Andrew ADDRESS: Va.

Item 9 Film 6137 1/2/52 whw

12543

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1. PLACE OF DEATH: COUNTY Somerset MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; LENGTH OF STAY (in this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; STREET ADDRESS (If rural, give location) 207 Main St.

3. NAME OF DECEASED (Type or Print): (First) MAURICE (Middle) RICHARD (Last) MORGAN

4. DATE OF DEATH (Month) (Day) (Year): Dec. 19, 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Mar. 31, 1915

9. AGE last birthday: 36 35 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meatcutter

10b. KIND OF BUSINESS OR INDUSTRY: Grocery

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Morgan

14. MOTHER'S MAIDEN NAME: Queenie Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Ruby Hancock- 207 Main St. Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) General Malignancy — Interval Between Onset and Death: 10 hrs.

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] discovered in April, 1951, [illegible] not known.

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ----

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1951, to Dec. 1, 1951, that I last saw the deceased alive on Dec. 1, 1951 and that death occurred at 1:00a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): A. Rawley M.D. ADDRESS: Crisfield, Md. DATE SIGNED: 12-20-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 21, 1951 | NAME OF CEMETERY OR CREMATORY: American Legion Cemetery | LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REG.: 12/21/51 | REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR: A. Sammy Bradshaw ADDRESS: Crisfield, Md.

12544

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rumbley
LENGTH OF STAY (In this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frenchtown Section

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rumbley
STREET ADDRESS (If rural, give location) Frenchtown Section

3. NAME OF DECEASED (Type or Print): (First) ELLA (Middle) T. (Last) PARKS
4. DATE OF DEATH: (Month) (Day) (Year) Dec. 17, 1951 19

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept. 26, 1867
9. AGE last birthday 84 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) Rumbley-Somerset-Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Samuel French
14. MOTHER'S MAIDEN NAME Mary L. Blake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Weldon T. Parks--Rumbley, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio Sclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis

4/22.1
132

William H. Coulbourn M.D.
DEPUTY CORONER SOMERSET COUNTY, MD.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Was Dead when I was Called

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Natural
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Crisfield (COUNTY) Somerset (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm H Coulbourn M D
ADDRESS Crisfield Somerset
DATE SIGNED 12/19/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 19, 1951
NAME OF CEMETERY OR CREMATORY Private Cemetery
LOCATION (City, town, or county) Rumbley, Md. (State)

DATE REC'D BY LOCAL REG. 12/19/51
REGISTRAR'S SIGNATURE Betty Massey

24. FUNERAL DIRECTOR H. Harvey Bradshaw
ADDRESS Bradshaw-Ausfield, Md.

12545

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1. PLACE OF DEATH: COUNTY Somerset; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; LENGTH OF STAY (In this place) 1 week; HOSPITAL OR INSTITUTION OR STREET ADDRESS Mc Cready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Crisfield; STREET ADDRESS (If rural, give location) Johnson Creek Road

3. NAME OF DECEASED (Type or Print): (First) Littleton; (Middle) Willis; (Last) Sterling

4. DATE OF DEATH: (Month) Dec; (Day) 15; (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 28, 1866

9. AGE last birthday: 85 yrs.

If under 1 year: Months; Days 17

If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Crisfield Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Littleton Willis Sterling, Sr.

14. MOTHER'S MAIDEN NAME: Sarah Elizabeth Milligan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Not

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Letitia M. Sterling, Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	17 days
332 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	2 yrs.
33	(c) Terminal Arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 19 51, to Dec. 15, 19 51, that I last saw the deceased alive on Dec. 15, 19 51, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

SIGNATURE: Sarah M. Payton (Degree or title) M.D. ADDRESS: Crisfield, Md. DATE SIGNED: Dec. 17, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Dec. 18, 1951; NAME OF CEMETERY OR CREMATORY: Asbury Cemetery; LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REG.: 12-18-51

REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR: Durwald D. Covington; ADDRESS: Crisfield, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 241

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion | LENGTH OF STAY (in this place) 9 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sunset Conval. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Crisfield
STREET ADDRESS (If rural, give location) Rural - East of Crisfield

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Carman (Last) Sterling
4. DATE OF DEATH: (Month) Dec. (Day) 9, (Year) 1951

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: Oct. 28, 1866 | 9. AGE last birthday: 85 yrs. | If under 1 year: Months 1, Days 11 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Camden, New Jersey. | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John L. Carman | 14. MOTHER'S MAIDEN NAME: Susan J. Harple

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | SOCIAL SECURITY NO. (If yes, give war or dates of service): None | 17. INFORMANT AND ADDRESS: Ringgold L. Sterling, R.7.D.1. Crisfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Sclerosis — Interval Between Onset and Death: 2 yrs

334X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

97 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia (Bronchial) — 1 wk

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 19 51, to Dec. 9, 19 51, that I last saw the deceased alive on Dec. 9, 19 51, and that death occurred at 7:35 P.m., from the causes and on the date stated above.

SIGNATURE: Sarah M. Peyton (Degree or title) M.D ADDRESS Crisfield, Md. DATE SIGNED Dec. 11, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec 12/51 | NAME OF CEMETERY OR CREMATORY: Asbury Cem. | LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REG. 12/12/51 | REGISTRAR'S SIGNATURE: Betty Massey | 24. FUNERAL DIRECTOR ADDRESS: Maynard L. Corrington, Crisfield, Md

RECEIVED
DEC. 17

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield; STATE MARYLAND; LENGTH OF STAY (in this place) 2 years.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Myrtle Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield; STREET ADDRESS (If rural, give location) Myrtle Ave.

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Isaac (Last) Ward

4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 7, 1863

9. AGE last birthday: 88 yrs.

If under 1 year: Months 4; Days 3

If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: House repair

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Elisha Ward

14. MOTHER'S MAIDEN NAME: Dallie A. Lawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-12-3820

17. INFORMANT AND ADDRESS: Woodrow Ward - Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Anuria, uremia renal stoppage	2 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Benign prostatic hypertrophy & indwelling catheter 2½ yrs.	2½ yrs.
	(c)	

610X

137

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1947, to Dec., 1951, that I last saw the deceased alive on Dec 10, 1951, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. S. Rawley M.D. ADDRESS Crisfield, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Dec 13, 1951

NAME OF CEMETERY OR CREMATORY Asbury

LOCATION (City, town, or county) (State) Crisfield, Maryland

DATE REC'D BY LOCAL REG. 12/13/51

REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Edward L. Covington ADDRESS Crisfield Md

VS. A-3

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12548

CERTIFICATE OF DEATH

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Venton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Venton
STREET ADDRESS (If rural, give location) Princess Anne Route 3

3. NAME OF DECEASED: (Type or Print) (First) Horace (Middle) (Last) Waters

4. DATE OF DEATH: (Month) 12 (Day) 27 (Year) 19 51

5. SEX: M

6. COLOR OR RACE: Negro

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH:

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman

10b. KIND OF BUSINESS OR INDUSTRY: Canning factories

11. BIRTHPLACE (State or foreign country) Somerset County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Waters

14. MOTHER'S MAIDEN NAME: Mary Shelton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ~~or unk.~~) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-01-5535

17. INFORMANT'S ADDRESS: Washington Waters

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebro. vascular accident	about 1 hr.
443 Antecedent cause(s)	DUE TO (b) Hypertensive Cardiovascular disease	unknown
942 Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION?

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19..... to ..... 19....., that I last saw the deceased alive on ..... 19....., and that death occurred at 4 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Robert Caldwell, M.D. Princess Anne 12/28/57

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): DATE THEREOF 12/30/57 NAME OF CEMETERY OR ~~CREMATORY~~ Grace LOCATION (City, town, or county) (State) Venton Somerset, Md

DATE REC'D BY LOCAL REG. 12/30/57 REGISTRAR'S SIGNATURE R. S. Johnson, M.D.

24. FUNERAL DIRECTOR William H. James Jr. ADDRESS Princess Anne, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield | LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Paper St.

3. NAME OF DECEASED (Type or Print): (First) IDA (Middle) MAE (Last) WATERS
4. DATE OF DEATH (Month) (Day) (Year): Dec. 15, 1951
5. SEX: female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Dec. 25, 1891
9. AGE last birthday: 59 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Dearood
11. BIRTHPLACE (State or foreign country): Kingston-Somerset-Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James Lane
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Box 264 Mrs. Dorothy Johns n--Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Meningitis (organism not identified) — 10 days

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 5, 1951, to Dec. 15, 1951, that I last saw the deceased alive on Dec. 14, 1951, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

SIGNATURE: Sarah M. Peyton | (Degree or title) M. D. | ADDRESS: Crisfield, Md. | DATE SIGNED: 12/22/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 18, 1951 | NAME OF CEMETERY OR CREMATORY: Centennial Cemetery | LOCATION (City, town, or county) (State): Fairmount, Maryland

DATE REC'D BY LOCAL REG. 12/26/51 | REGISTRAR'S SIGNATURE: Betty M. Tyler | 24. FUNERAL DIRECTOR: E. Harry Bradshaw | ADDRESS

RECEIVED
JAN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (In this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lawsonia Section

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Lawsonia Section

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) [illegible] (Last) WILLIAMS

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 8, 1951

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: May 15, 1892

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Seafood Industry

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oscar Gunby

14. MOTHER'S MAIDEN NAME: Ella Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Samuel Williams--Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

357X Immediate cause (a) Ascending paralysis — Interval between onset and death: 10 yrs

82 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to Dec. 8, 1951, that I last saw the deceased alive on Dec. 7, 1951, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

SIGNATURE: S. M. Peyton (Degree or title) M.D. ADDRESS: Crisfield, Md. DATE SIGNED: Dec. 10

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF: Dec. 11, 1951 | NAME OF CEMETERY OR CREMATORY: Lawsonia Cemetery | LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REG. 12/10/51 | REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR: J. Harvey Lankford, Crisfield, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

12551

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; LENGTH OF STAY (in this place) 8 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; STREET ADDRESS (If rural, give location) Myrtle St.

3. NAME OF DECEASED (Type or Print): (First) WILLIE (Middle) MAE (Last) WOOLSTON

4. DATE OF DEATH (Month) (Day) (Year): Dec. 11, 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 22, 1893

9. AGE last birthday: 58 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William J. Landon

14. MOTHER'S MAIDEN NAME: Rissie Ober

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Chas. Woolston, Sr.-- Myrtle St. Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) acute Dil. of Heart Uremia Coma	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemorrhage & Pneumonia	1 Year
	(c) & Cirrhosis	

158X 48b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION: Sept 1 1951

19b. MAJOR FINDINGS OF OPERATION: Duodenal Circumscribed & adhesions noted

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to Dec 11, 1951, that I last saw the deceased alive on Dec 10, 1951, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

SIGNATURE: George C. Coulbourn (Degree or title) M.D. ADDRESS: Marion Sta. Md. DATE SIGNED: Dec 13-1951

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF: Dec. 13, 1951 | NAME OF CEMETERY OR CREMATORY: Sunnyridge Cemetery | LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REG. 12/13/51 | REGISTRAR'S SIGNATURE: Betty J. Massey Betty Dyer

24. FUNERAL DIRECTOR: L. Harvey Bradshaw ADDRESS

RECEIVED
DEC 17 1951
BUREAU V. S.

Item 7 File G137 12/17/51 whw

12552

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
LENGTH OF STAY (in this place) 75
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) (Last) Young

4. DATE OF DEATH: (Month) Dec (Day) 4 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 20-1876

9. AGE last birthday: 75 yrs. If under 1 year: Months 6 Days 13 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Marion Somerset Co Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William Jackson Young

14. MOTHER'S MAIDEN NAME: Amanda Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Addie B Bell Marion sta Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia Acut Due Z Heart	1 week
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chron Int Nephritis	2 years
4/22.1 1310	(c) Chron. Myocarditis	2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chron Arteriosclerosis 2 years

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1951, to Dec 4, 1951, that I last saw the deceased alive on Dec 3, 1951, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Geo C Cullum M D — ADDRESS: Marion St md — DATE SIGNED: Dec 4-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 6- 1951 — NAME OF CEMETERY OR CREMATORY: Branch cemetery — LOCATION (City, town, or county) (State): Marion Somerset Co Md

DATE REC'D BY LOCAL REG. 12/4/51 — REGISTRAR'S SIGNATURE: Betty Massey

24. FUNERAL DIRECTOR: Charles H. Ward. — ADDRESS: Marion, Md.

VS. A15

RECEIVED
DEC 10 1951
BUREAU V. S.